Tobacco Prevention and Control

As we start a new century, we face our biggest health challenge with a highly addictive drug that over one third of our young adults and about one quarter of all Maine people are addicted to. This drug is marketed with about $14 million per day by an industry with enormous resources to continue. This drug is tobacco.

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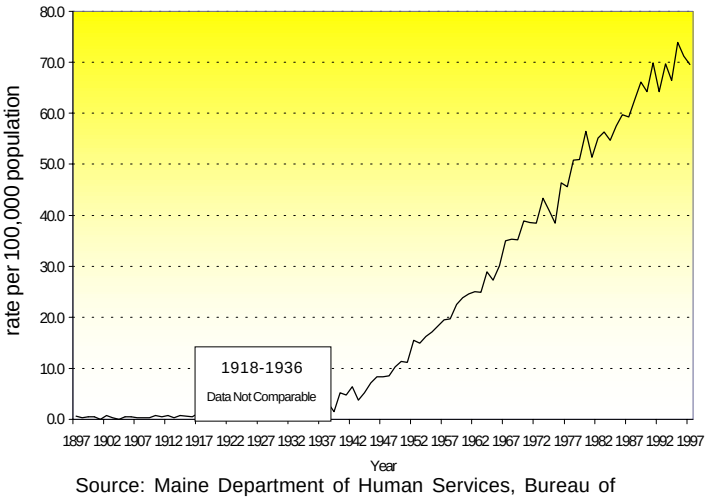
Healthy Maine 2000 Goal

To reduce death and disability due to tobacco use and involuntary exposure to environmental tobacco smoke among Maine's citizens

Overview

A century ago, tobacco addiction was virtually unheard of, as were a number of diseases it causes. About one hundred years ago, mass production methods made it possible to make thousands, then millions of cigarettes per day. Before that, cigarettes were hand-rolled, and too expensive for most. With these mass production methods, one thing was still missing – an audience to market to. Then, came World War I. The tobacco industry gave away free cigarettes to our soldiers, and they continued to do so through many of the century's wars. What appeared to be a generous offer – like that of giving soldiers chocolate bars – was really a mechanism to addict generations of our young adults throughout the last hundred years. In addition, as the century progressed, the tobacco industry employed other mass marketing techniques such as multimedia advertising campaigns.

Maine Lung Cancer Deaths
Per 100,000 Population
1897-1997



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

The results of the tobacco industry's successful mass production and mass marketing campaigns are staggering. Tobacco is Maine's number one cause of preventable disability and death. Maine's epidemic of lung cancer started about 20 years after the tobacco industry's mass marketing and production of cigarettes. This makes sense given that a smoker's risk for lung cancer increases substantially after they have consumed tobacco for 20 years. Seven Maine people die from tobacco every day – one of them a non-smoker who dies from secondhand smoke. Tobacco disables and kills people through a number of diseases, among them: heart disease, stroke, numerous cancers such as lung, throat, and bladder cancer, emphysema, diabetes, sudden infant death syndrome, low birth weight, childhood asthma, childhood ear infections, and childhood lung infections.

Secondhand smoke causes a number of childhood diseases as well as heart disease, lung disease (emphysema and asthma) and lung cancer in adults.

Not only does primary inhaled smoke (that inhaled by the smoker) cause disease, but secondhand smoke does as well. Because it is the smoke coming off the tip of the tobacco product, it is unfiltered, and therefore contains much higher concentrations of toxic chemicals such as carcinogens (cancer-causing chemicals) than primary inhaled smoke. Secondhand smoke causes a number of childhood diseases as well as heart disease, lung disease (emphysema and asthma) and lung cancer in adults. The Environmental

Protection Agency and others have classified secondhand smoke in the most toxic class of all cancer-causing chemicals – that for which there is no safe human exposure. This puts secondhand smoke in the same class of carcinogens as radon, formaldehyde, arsenic, and benzene.

Despite the grim statistics, a decade ago there was no state tobacco prevention and control program, and no state funds dedicated toward this deadly and addictive product. Fortunately, successful strides have been taken during the past few years to assist Maine and Maine communities in addressing the staggering challenges posed by nearly 100 years of mass production and mass marketing by the tobacco industry, including their current expenditure of about $14 million per day in marketing.

Tobacco-Free Progress

In 1991, Maine successfully applied for its first tobacco prevention and control funds through the federally funded National Cancer Institute's American Stop Smoking Intervention Study (ASSIST) Project. The ASSIST Project was a seven-year planning and intervention project operated primarily by the Bureau of Health from 1991 to 1998. This funding was used to reduce tobacco use prevalence among adults and to reduce the initiation of tobacco use by Maine youth. The goals of this program included eliminating public exposure to secondhand smoke, reducing tobacco advertising and promotion, restricting access of tobacco products to minors, and reducing the consumption of cigarettes and other tobacco products through price increases such as increased taxes.

Tobacco is Maine's number one cause of preventable disability and death.

Since the excise tax increase in November of 1997, tobacco consumption (packs per capita) has decreased by 17%.

In 1993, a number of organizations and advocates came together to help pass a statewide comprehensive clean indoor air act that protects Maine people from secondhand smoke in the vast majority of indoor public environments.

Then in 1995, Maine passed a law, An Act to Reduce Tobacco Use by Juveniles, that augmented Maine's existing youth access laws and provided enforcement capacity. As a result, current Maine law makes it illegal for persons under the age of 18 to purchase, use or possess cigarettes or any other tobacco product. It is also illegal to furnish or give away cigarettes or any other tobacco products to any person under 18 years of age. Cigarette vending machines, once a common source of tobacco for youth, are banned except where unaccompanied minors are not allowed. Another provision in this law required that retailers must hold a valid license to sell tobacco products. Enforcement of the law is carried out through compliance inspections to ensure that tobacco retailers are not selling tobacco to persons under the age of 18.

The tobacco industry managed in 1995 to help pass a preemption law in Maine, as they have done in most states. The resulting law disallowed local tobacco ordinances from being stronger than state or federal laws. However, in 1997 Maine became the first state in the nation to repeal the preemption law, thus re-instating local control.

These preliminary efforts went into effect at a time of highest need. Not only was there evidence that the tobacco industry marketing appeared to be increasing, but it seemed to be targeting youth and young adults. In 1996, the Centers for Disease Control and Prevention (CDC) released an analysis

of each state's Behavioral Risk Factor Surveillance System (using 1995 data) showing that Maine led the nation in young adult smoking, with about one-third of all young adults ages 18 to 30 saying that they were addicted to tobacco products. In addition, Maine's Youth Risk Behavior Survey showed Maine had one of the highest youth tobacco addiction rates in the country.

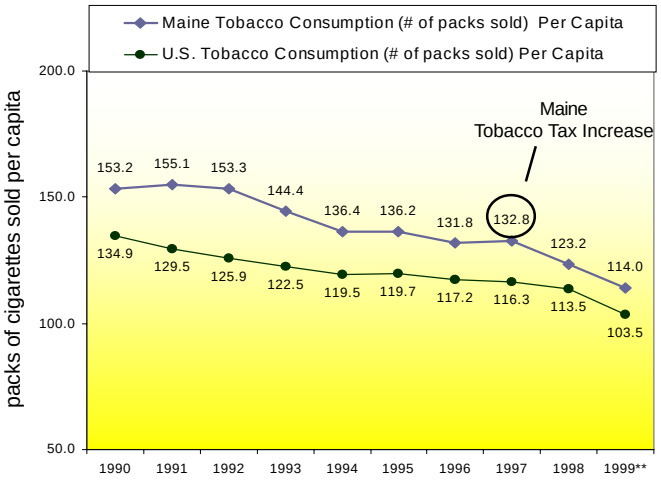
Armed with this data, and with data from other states showing the effectiveness of price increases as well as media and community-based campaigns in reducing tobacco consumption and youth smoking rates, an effort was mounted to raise Maine's tobacco excise tax and provide additional funding for tobacco control efforts. On June 20, 1997, with the support of Governor Angus S. King, Jr., legislative leaders such as Speaker of the House Elizabeth Mitchell and President of the Senate Mark Lawrence, statewide and local health organizations, a number of community activists from across the state, and the Maine Coalition on Smoking or Health, Maine enacted a law doubling the tobacco excise tax from thirty-seven cents to seventy-four cents per pack. This tax increase went into effect November 1, 1997, and at the time, resulted in Maine having the 4th highest tobacco excise tax in the nation.

The tax increase generated about $30 million in revenue and of that $3.5 million was set aside for the establishment of a tobacco prevention and control program in the Bureau of Health, the Partnership For A Tobacco-Free Maine (PTM). The PTM received funding from the excise tax for 2 years (state fiscal years 1998-1999).

Using best practices from CDC, the goal of the PTM is to create an environment in Maine that is supportive of a tobacco-free life. Its objectives are to prevent youth from using tobacco;

The vast majority of the over 6000 eating establishments in Maine are now smoke free.

Maine & U.S. Tobacco Consumption
Trends in Packs of Cigarettes Consumed Per Adult
1990-1999



Source: Maine Data: State of Maine, Department of Revenue. National Data: 1990-1997, The Tax Burden on Tobacco, Historical Compilation, vol. 32, Tobacco Institute

1999 also saw the passage of legislation that prohibits the use of self-service tobacco displays in all retail establishments in Maine.

to help those who use tobacco to quit; to protect the public from the hazards of secondhand smoke; and to eliminate health disparities. PTM's strategies are to raise awareness and education through sustained media campaigns, to provide financing and technical assistance to community and school interventions, and to evaluate all of its interventions.

Some recent strides have been made in the legislative arena. On September 18, 1999, Maine law providing a smoke-free environment in all restaurants went into effect. The law does include exceptions for those that according to their licensing requirements cannot serve unaccompanied minors under 21

According to 1993 expenditure data, tobacco costs Maine's Medicaid system at least $60 - $96 million per year.

years of age (class A lounges, taverns, and hotel lounges). Since this law went into effect, there are now about 325 businesses in these exempt categories, compared to about 250 before the law. However, the vast majority of the over 6000 eating establishments in Maine are now smoke free.

In addition to the smoke-free restaurant law, many public schools, hospitals, and employers are creating 100% smoke free campus policies – indoors and outdoors. Even the Maine Department of Corrections, with its prisons, is 100% smoke free throughout its campuses.

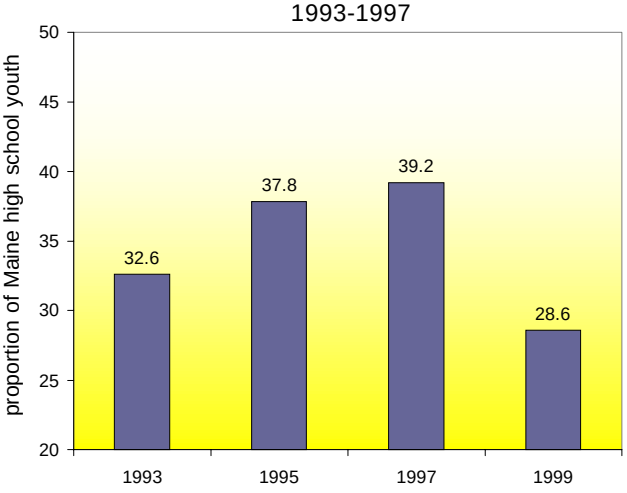
1999 also saw the passage of legislation that prohibits the use of self-service tobacco displays in all retail establishments in Maine.

Maine has shown some preliminary success in its efforts. For instance, since the excise tax increase in November of 1997, tobacco consumption (packs per capita) has decreased by 17%. Prior to the tax increase and the start of Partnership for a Tobacco-Free Maine (PTM) programs, per capita cigarette consumption in Maine had been declining at an average rate of 2% per year as figured since 1988. Therefore, the rate of decline in per capita cigarette consumption in Maine has more than tripled since the tax increase and the introduction of the PTM in 1997.

In 1997, Maine's tobacco addiction rate among high school students was 39%, and preliminary results from 1999 show it was 28.6% (nationally it was 36% in 1999). This represents a 27% decline from 1997 to 1999. Such preliminary gains against the mass marketing and mass production by the tobacco industry are encouraging. However, we have a long way to go before we reach our goal of providing an environment supportive of a tobacco-free life.

With the support of Governor King and bipartisan and independent legislative leadership, Maine allocated about $22 million for tobacco-related prevention and treatment.

Proportion of Maine High School Youth Smoking
During the Past 30 Days
1993-1997



Source: Maine Department of Education, Youth Risk Behavior Survey: 1993, 1995, 1997. Note: 1999 data is from the Maine Youth Tobacco Survey and was collected in the fall of 1999. Please note that according to personal communication with the Gallup organization, rates in the fall are typically lower than spring rates since youth are younger in the fall than in the spring; however, the change in season alone could not explain the dramatic decline in youth smoking from 1997-1999.

The Future: Targets for National Tobacco Lawsuit Proceeds

A giant step toward meeting the goal of creating an environment supportive of a tobacco-free life was taken during the spring of 2000 with the allocation of the tobacco settlement. In November 1998, Maine, along with 45 other states (four others had settled already), entered into a lawsuit settlement with the tobacco industry to reimburse the states for the states' expenditures for tobacco-related illnesses through the Medicaid insurance system. According to 1993 expenditure data, tobacco costs Maine's Medicaid system at least $60 - $96 million per year. As a result of this settlement, Maine expects to receive on average about $50 million per year indefinitely.

With the support of Governor King and bipartisan and independent legislative leadership, Maine allocated about $22 million for tobacco-related prevention and treatment. A summary of these allocations follows:

$8.35 million: Community grants primarily reducing tobacco addiction through preventing youth and young adults from consuming tobacco products, assisting those who wish to quit, protecting the public from the hazards of secondhand smoke, and eliminating health disparities. Funds may also be used to prevent and/or reduce the related behavioral risk factors of physical inactivity and poor nutrition as well as for secondary prevention (risk reduction interventions). Funds for schools are to be used to address these three major behavioral risk factors through coordinated school health programs, and some funds may be used for starting school based health clinics. Grantees must include the health care delivery system, schools, and other pertinent community members or organizations. Primary (risk prevention) and secondary (risk reduction) prevention will be funded with these monies.

Secondhand smoke not only causes disease, disability, and death among our children, but children exposed to it are 75% more likely to become tobacco addicts themselves.

We face enormous challenges in preventing our youth and young adults from starting to consume tobacco products.

$6.75 million: Statewide tobacco interventions such as a comprehensive cessation program (toll free quit line with counseling and referral; ongoing training and certification of tobacco cessation counselors; and pharmaceuticals for cessation for those who cannot afford them) as well as for statewide media campaigns.

$5.4 million ($1.8 million from the tobacco settlement; the remainder from federal Medicaid matching funds): Improved prevention and treatment of tobacco-related illnesses for those with Medicaid insurance. Secondary (risk reduction) and tertiary (disease management) prevention will be funded with these monies.

$1.2 million: Evaluation of tobacco-related interventions

In addition, monies were allocated for non-tobacco substance abuse treatment and prevention ($5.5 million); for home visitations for families of newborns so that every first time parent can receive home visits for up to five years for those at risk ($4.8 million, with a resulting total of $5.4 allocated for home visits when one adds in 1995 appropriations of $0.6 million per year); for prescription drugs for the elderly ($10 million); and for child care ($8.5 million).

Summary: Progress through the Past Decade

We started the 1990s with no government funds or statewide comprehensive program going toward our biggest killer. We start this new decade with about $22 million in tobacco settlement funds earmarked for tobacco-related prevention and control, with a combination of primary (risk prevention), secondary (risk reduction) and tertiary (disease management) prevention being funded across the state.

We started the 1990's with many public places being smoke-filled, including hospitals, schools, and restaurants. We start this new decade with all indoor public places, including restaurants and other workplaces, being smoke-free with very few exceptions. Outdoor public places still commonly allow smoking, including public school campuses, hospital grounds, shopping malls, and outdoor workplaces.

We started the 1990's with only scattered and spotty tobacco cessation services available for those who wished to quit. We start this new decade building a support system for those who wish to quit, so that throughout the state all will have improved access to counseling and referral as well as cessation products.

We started the 1990's with inadequate and mostly unenforceable laws in existence on sales of tobacco to youth or youth possession and purchasing and with tobacco products easily displayed within children's reach, and with vending machines commonly found where children frequent. We start this new decade with good youth access and possession laws, with tobacco products no longer allowed to be freely displayed within children's reach, and with vending machines no longer found where unaccompanied children are found. In 1997, when youth sales laws were first fully enforced, about 1 in 5 underage youth were able to purchase tobacco products illegally. Today, that number is down to about 1 in 20.

Tobacco takes a huge toll on those who wish to quit. The vast majority of Maine people addicted to tobacco wish to quit.

Tobacco: No other legal product kills one-third of its users.

Tobacco's Toll on Maine

Tobacco continues to take a huge toll on Maine, and is a heavy burden to her people.

Tobacco is an economic drain on Maine. For every pack of cigarettes sold – at an average price of about $3 - an additional $2.50 is incurred in health costs, a burden we all pay. The tobacco industry, located in other states, reaps most of the profits. These are dollars, which if spent on other goods, would more likely stay here in Maine and benefit, rather than disable and kill Maine people.

Tobacco is an environmental drain on Maine. Unlike other major behavioral risk factors for disease, like poor diets or physical inactivity, tobacco addiction has enormous environmental effects, especially on our children. Secondhand smoke not only causes disease, disability, and death among our children and adults, but children exposed to it are 75% more likely to become tobacco addicts themselves. Despite some of the most rigorous public smoking laws in the country, many Maine children and adults are exposed to secondhand smoke on a daily basis, very commonly in public places, especially outdoor public places. We face enormous challenges in protecting the public from the hazards of secondhand smoke.

Tobacco is a pediatric disease, taking a huge toll on Maine children. Not only does secondhand smoke have profound

effects on children's health, but with about one third of our teens addicted to tobacco, about one in nine of all Maine children will eventually die a tobacco-related death. We continue to face enormous challenges in preventing our youth and young adults from starting to consume tobacco products.

Tobacco takes a huge toll on those who wish to quit. The vast majority of Maine people addicted to tobacco wish to quit. Fortunately, there are increasing numbers of products and counseling to assist them. The challenge is to ensure those resources are readily available to all who wish to quit.

Fortunately, we now have new resources made available by our legislature and Governor from the tobacco settlement in order to assist those who wish to quit, to prevent our youth and young adults from starting to use tobacco, and to protect the public from the hazards of secondhand smoke. These resources will hopefully turn the tide back away from the tobacco industry's Century, and toward a Century that is supportive of a tobacco-free life here in Maine.

Meanwhile, we need to remember that the most striking toll tobacco has is its human toll: seven Maine people who die every day; seven people who suffered from tobacco-related illness, most of them for a long time with resulting disabilities; seven families who are grieving the early loss of a loved one; seven people who will not be able to enjoy their children and grandchildren; seven people who will be sorely missed.

7 Maine People die everyday from tobacco - one of them a non-smoker.

Healthy Maine 2000 Objectives

Objectives established to reduce death and disability due to tobacco use and involuntary exposure to environmental tobacco smoke among Maine's citizens

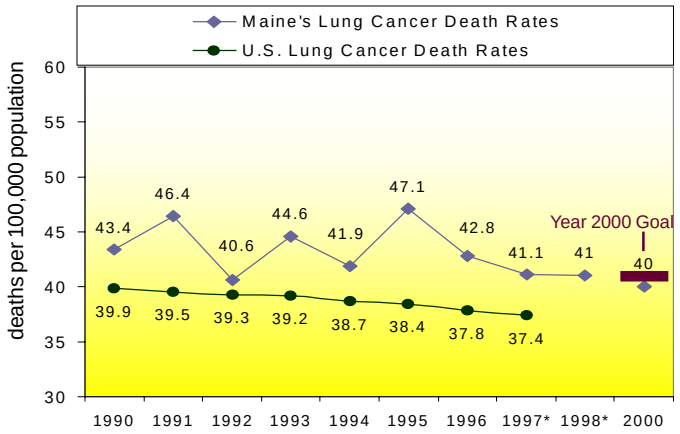
Health Status Objective

Reduce the rate of lung cancer deaths to no more than 40 per 100,000 (age-adjusted to 1940)

Maine 1990 Baseline: 43.4
Most Recent Data: 1998, 41.0

In the 1990s, age-adjusted death rates for lung cancer declined by approximately 6% in both Maine and the United States. Throughout the decade, Maine's death rate from lung cancer remained approximately 10% higher than the national death rate. Although historical trends in tobacco consumption are very strongly correlated with lung cancer death rates, lung cancer takes approximately 20 years to develop. Therefore, Maine's lung cancer rates in the 1990s largely reflect tobacco use in the 1970s. As declines in tobacco consumption grew more dramatic in Maine in the 1980s and 1990s, we anticipate lung cancer rates to begin to decline more rapidly in the coming decades.

Maine's Lung Cancer Death Rates
1990-1998
Age-Adjusted per 100,000 Population



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics * Preliminary Data

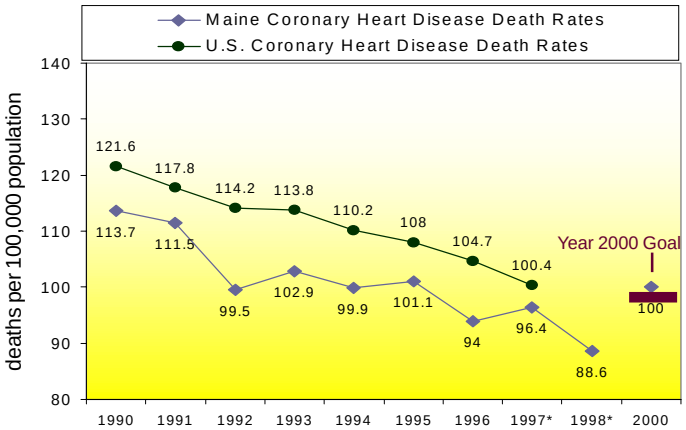
Health Status Objective

Reduce coronary heart disease deaths to no more than 100 per 100,000 (age-adjusted to 1940)

Maine 1990 Baseline: 113.7
Most Recent Data: 1998, 88.6

Tobacco contributes to more deaths from heart disease than to any other cause of death. Declining tobacco use trends translate into short-term gains in coronary heart disease mortality, with a lag-time of only 4 years. However, so many other factors, especially those related to poverty, race, and social class, contribute to deaths from heart disease, that the known relationship between tobacco use and coronary heart disease deaths can be difficult to observe in state and national trends. Age-adjusted death rates for coronary heart disease were about 5% lower in Maine than the U.S. throughout the 1990s. Both rates declined by more than 15% between 1990 and 1997.

Maine & U.S. Coronary Heart Disease
Death Rates 1990-1998
Age-Adjusted per 100,000 Population



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics * Preliminary Data

Healthy Maine 2000 Objectives

Objectives established to reduce death and disability due to tobacco use and involuntary exposure to environmental tobacco smoke among Maine's citizens

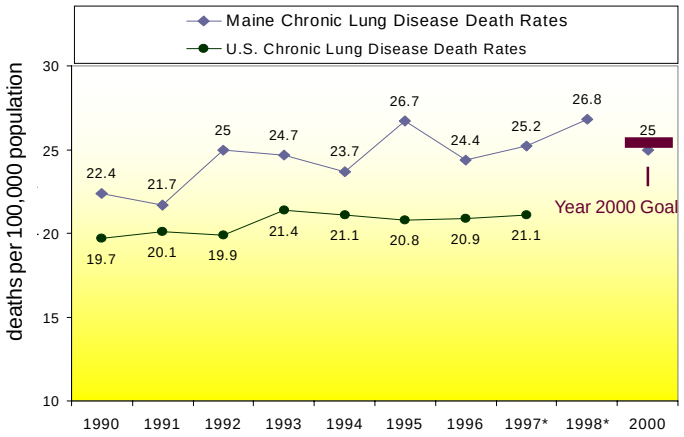
Health Status Objective

Slow the rise of deaths from chronic obstructive pulmonary disease to a rate of no more than 25 per 100,000

Maine 1990 Baseline: 22.4
Most Recent Data: 1998, 26.8

Age-adjusted death rates from chronic lung diseases increased in both Maine and the United States in the 1990s. However, the rate of increase was higher in Maine. Consequently, Maine's mortality from chronic lung diseases were approximately 15 percent higher than national in 1990, and were almost 20% higher by 1997. Chronic lung diseases take many years to develop. Therefore, these increasing trends may reflect rising cigarette consumption in Maine in the 1960s. In the United States, cigarette consumption had already begun to slow by this time. Other environmental factors, including air pollution and Maine's cold winters, may also contribute to deaths from chronic lung disease.

Maine's Chronic Lung Disease Death Rates
1990-1998
Age-Adjusted per 100,000 Population



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics * Preliminary Data

Services and Protection Objective

Eliminate involuntary public exposure to second-hand smoke for all Maine citizens

Secondhand smoke is the smoke emanating from the tip of the cigarette or cigar. Unlike primary inhaled smoke, secondhand smoke is unfiltered, and therefore contains much larger concentrations of carcinogens (cancer-causing) chemicals and other harmful ingredients. It is classified in the most deadly category of carcinogens - class A carcinogens - for which there is no safe level of human exposure. As a result, secondhand smoke kills on average one Maine person per day - mostly from heart disease and lung cancer.

Great strides have been made this past decade toward eliminating exposure to this deadly chemical in indoor public places. Even in face of strong opposition from the tobacco industry, Maine legislation passed in 1993 followed by Maine's smokefree restaurant law in 1999 have eliminated most public and workplace indoor smoking.

Results of Maine's Recent Smoke-free Legislation

All enclosed public places and workplaces are smoke free, including restaurants, except for:

- Bingo and Beano game locations while the game is being played.
- Hotel and/or Motel rooms that are rented to the public.
- Smoke shops under 2,000 sq. ft.
- Taverns, Class A Lounges, Hotel Lounges, Off-Track Betting Lounges (all of these cannot serve unaccompanied minors).
- Pool halls when unaccompanied minors are not present.
- Designated areas of psychiatric or substance abuse units in hospitals.

Source: Maine Department of Human Services, Bureau of Health

Healthy Maine 2000 Objectives

Objectives established to reduce death and disability due to tobacco use and involuntary exposure to environmental tobacco smoke among Maine's citizens

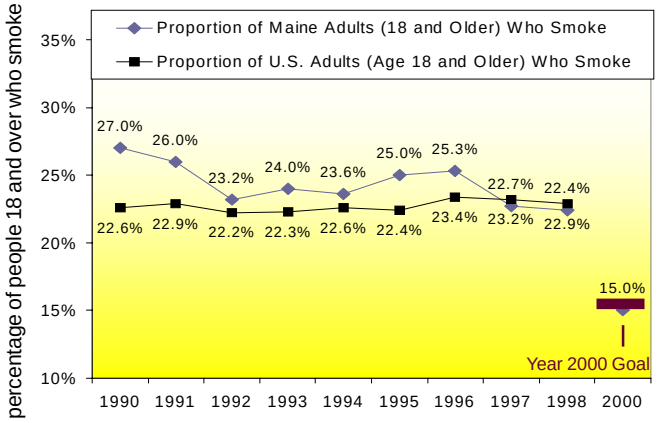
Risk Reduction Objective

Reduce cigarette smoking to a prevalence of no more than 15 percent among people age 18 and older

Maine Baseline: 27.0%
Most Recent Data: 22.9%

At the beginning of the decade, Maine's self-reported prevalence of cigarette smoking was higher than national. By 1998, Maine's prevalence of cigarette smoking had declined from 27.0% to 22.4%. This relative decline of 17% is statistically significant, and occurred at a time when national prevalence rates remained stable. Today, in all likelihood due to the state's tremendous efforts for tobacco control, Maine's rates are similar to the nation.

Cigarette Smoking
Among Maine and U.S. People Age 18 and Over
1990-1998



Source: Maine Department of Human Services, Bureau of Health, Behavior Risk Factor Surveillance System. National level data: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System.

*Note: National level data: Number of states and territories participating for the following years: 1990: 45; 1991: 48; 1992: 49; 1993: 50; 1994: 50; 1995: 50; 1996: 52; 1997: 52; 1998: 52.

Risk Reduction Objective

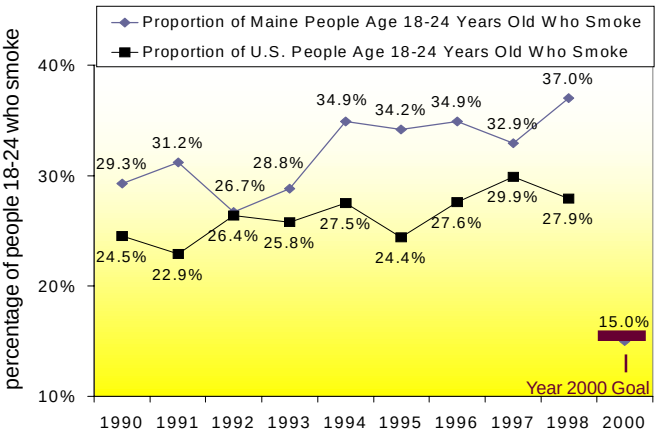
Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 18-24 Years Old

Maine Baseline: 29.3%
Most Recent Data: 37%

Cigarette smoking trends in young adults threaten to reverse the progress that Maine has made in preventing tobacco addiction in the 1990s. Although the relative increase of 26%, from 29.3 in 1990 to 37.0 in 1998 is not statistically significant, it mirrors national trends in increasing prevalence among young adults. In Maine, the prevalence of cigarette smoking in adults aged 18-24 has been higher than the national prevalence in this age group throughout the 1990s. Approximately 80% of adult smokers started smoking before age 18.[1] Clearly, continuing efforts to prevent youth from starting to smoke is critical.

[1] Office of Smoking and Health. Centers for Disease Control and Prevention. Tobacco At-A-Glance.

Cigarette Smoking
Among Maine and U.S. People Age 18-24 Years Old
1990-1998



Source: Maine Department of Human Services, Bureau of Health, Behavior Risk factor Surveillance System. National level data for 1995-1998: Number of states and territories participating for the following years: 1995: 50; 1996: 52; 1997: 52;1998: 52. Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System.

*Note: National level data for years 1990-1994, National Health Survey